Participant Assessment Form Lansing Parks and Recreation-Therapeutic Recreation

We ask that you complete this form once a year.

If there are any changes within that year, you must update this information as soon as possible. This information will be held in strict confidence and is used by staff to ensure that each participant receives the best experience possible.

Name	e:	Birth date:	
Addre	ess:	City:	Zip:
Phone	e Number(s):		
Parer	nt Name:	_ Email:	
Emer	gency Contact:		
Emer	gency Contact Phone Number(s):		
	oes your camper need any assistance/c yes, please circle or check what applies experience wit	•	
<u>Lear</u>	ning Style:		
0	Visual Learner - learns best by seein activity, watching a demonstration of	•	ng a colorful picture of
0	Auditory Learner – learns best by learning detailed direction, repetition of direct		
0	Kinesthetic Learner – learns best l perform the activity)	by doing; hands on lea	arner. (actually
Α	ny additional comments:		
_			
_			



Activities of Daily Living:

- o Needs assistance with shoes putting on feet, taking off feet, tying
- o Needs assistance with jacket putting on, taking off, zipping, unzipping
- o Needs a reminder to use the restroom, or a reminder to wash hands

0	Need	s ass	istance	wash	ing	hand	s, c	irying	g hands	;
---	------	-------	---------	------	-----	------	------	--------	---------	---

Any additional comments, or areas they may need assistance:		

Sensory Stimuli:

Tactile	Taste/Smell	Sensation	Auditory	Energy	Visual/Other
Distress when	Only eats	Makes noise	Distracted or unfocused	Seems to tire	Bothered by
grooming	certain foods	or talks to self	when noisy	easily	bright lights
Has difficulty	Limits food by	Has difficulty	Does not like	Seems to	Fear of
standing in line	texture or temperature	being still or sitting	loud noises	have weak muscles	heights
Has difficulty in tight groups	Food allergy	Touches objects or people	Difficulty paying attention	Seems to remove or distract themselves in physical activity	Fear of falling
Sensitive to movement	Bothered by certain smells	Holds hands over ears	Bothered by buzzing lights		Dislikes being upside down
Dislikes sand		Doesn't focus on one activity	Doesn't respond to name		
Difficulty with			Does not like		
grass			echo sounds		
Difficulty with			Appears not		
bare feet			to hear you		

Additional Comments:				

<u>Emoti</u>	onal Responses/Calming down Please answer Yes or No and explain.
0	Can your camper express feelings?
0	Can your camper talk through hurt/angry feelings?
0	Does your camper throw tantrums? Self-inflict, or strike out at others?
What I	nelps to calm your camper?
0	Walk
0	Quiet Space
0	Reading
0	Swinging/Rocking
0	Squeeze Toy
0	Other
	Does your child run away? Yes No
0	What has your child been diagnosed with? (ADD, ADHD, Autism, etc.)
<u>Trans</u>	itions:
How d	oes your camper best move from one activity to the next?
0	Needs a timed verbal warning (example: we have five minutes left)
0	Needs a countdown clock
0	Needs a picture or written schedule
0	Other
Additio	onal Comments:
Are the	ere any activities your child does NOT like to play?

List medications and give instructions if they are to be dispensed at the program. Each day that you attend you will need to bring the medication in a properly marked bottle.

Medical Condition/Medication	When Dispensed		
	·		
Are there any side effects that we should	d be aware of?		
Release Information Requests			
Does your son or daughter have a IEP with the If yes, please read the request for follow up			
We are working with Clinton, Eaton and Ingham County Community Mental Health Department for education, training and support. In addition we would like to work with your son/daughter(s) teacher or other support staff in the school. If your child has a current IEP on record with the school district, would you provide contact information so we can follow up with them?			
Teachers Name:			
School: Pho	one:		
<u>Waiver o</u>	<u>f Liability</u>		
Please complete or	ne of the following:		
□ Participant			
I hereby agree to release the City of Lansing and all of its officials, employees, agents, and volunteers from all liability arising out of my participation in any activity any of them sponsor or offer.			
Name of Participant			
Participant's Signature			
 Date			

OR

☐ Participant's Parent or Legal Guard	ian		
behalf, to release the City of Lansing and volunteers ("the released parties") from a participation in any activity any of the released to indemnify the released parties for	participant"). I agree, on the participant's all of its officials, employees, agents, and I liability arising out of the participant's ased parties sponsor or offer. I also hereby a rany damages any of them incur as a result of sing out of the participant's participation in any		
Name of Participant's Parent or Legal Gua	rdian		
Parent or Legal Guardian's Signature			
Therapeutic Recreation Coordinator This will help ensure that your child Please call (517) 483-4291 or RET Kalea Delezenne, Therap 2400 Hall Street	must be scheduled with Kalea Delezenne, prior to your child attending the program. I will have the best experience possible. email kdelezenne@lansingmi.gov. URN TO: eutic Recreation Coordinator, c., Lansing, MI 48906 483-4291		
Office Use Only			
Registration Season: Fall: Winter	: Spring: Summer:		
Program Title:	Activity Number:		
Program Title:	Activity Number:		